Fill in this information	on to identify your case:	
Debtor 1	Felix Semtak	
Debtor 2 (Spouse, if filing)	Alice Mary Semtak	
United States Bank	cruptcy Court for the: DISTRICT OF NEW JERSEY	
_	19-15941	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official For	<u>m 106l</u>	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment				
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Employment status*	■ Em	ployed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not	employed	☐ Not employed
	employers.	Occupation			Retain Merchandiser
	Include part-time, seasonal, or self-employed work.	Employer's name	Casin	o Nights Live	Hallmark Marketing Company
	Occupation may include student or homemaker, if it applies.	Employer's address		Box 71 t Ephraim, NJ 08059	P.O. Box 419856 Kansas City, MO 64141
		How long employed th	nere?	6 months	6 months
				*See Attachment for Add	itional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 1,001.00 481.04 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 3. 1,001.00 Calculate gross Income. Add line 2 + line 3. 481.04

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Felix Semtak Alice Mary Semtak	_	C	ase n	umber (if known)	19-15	5941		
	Сор	y line 4 here	4.		For [Debtor 1 1,001.00		Debtor 2 offiling spo		
_	1 :04	all may well also divertions.								
5.		all payroll deductions:	- -		•	0.00	œ.		7 00	
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.			0.00	\$		7.30	
	5c.	Voluntary contributions for retirement plans	5c.		₿	0.00	\$ 		0.00	
	5d.	Required repayments of retirement fund loans	5d.		ь В	0.00	\$		0.00	
	5e.	Insurance	5e.		5	0.00	\$		0.00	
	5f.	Domestic support obligations	5f.		· \$	0.00	\$		0.00	
	5g.	Union dues	5g.	. :	\$	0.00	\$		0.00	
	5h.	Other deductions. Specify:	5h.	.+ 3	\$	0.00	+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$;	0.00	\$	4	7.30	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5	1,001.00	\$	43	3.74	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	. (.	0.00	\$		0.00	
	8b.	Interest and dividends	8b.		· B	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 8c.	. (\$	0.00	\$		0.00	
	8d.	Unemployment compensation	8d.	. :	\$	0.00	\$		0.00	
	8e.	Social Security	8e.	. :	\$	2,157.00	\$	1,28	3.00	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Part time	e 8f. 8g. 8h.	. 9	6	0.00 413.00 316.00	\$ \$		0.00 0.00 0.00	
9.	Δdd	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	_	2,886.00	\$	1 2	83.00	
٥.	Auu	an other modifie. Add lines da rob roc rou roc roll rog roll.	٥.	Ψ		2,000.00	Ψ	1,2	03.00	-
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	3	,887.00 + \$	1,7	= 16.74	\$	5,603.74
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> ide contributions from an unmarried partner, members of your household, your rifiends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe				•	chedule J. 11. +	\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						12. \$		5,603.74
	_								ombin onthly	ed income
13.	Doy ■ □	vou expect an increase or decrease within the year after you file this form No. Yes. Explain:	1?							

Official Form 106l Schedule I: Your Income page 2

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Debtor 1	Felix Semtak		
Debtor 2	Alice Mary Semtak	Case number (if known)	19-15941

Official Form B 6I Attachment for Additional Employment Information

Debtor		
Occupation		
Name of Employer	Audience Pleasers	
How long employed		
Address of Employer	60 Ravona Street	
. ,	Clifton, NJ 07012	

Official Form 106l Schedule I: Your Income page 3

E.II	' (b.' '	(' (- '- ' ''		<u> </u>		1		
Fill	in this informa	tion to identify yo	our case:					
Deb	tor 1	Felix Semtal	K			Che	eck if this is:	
							An amended filing	
	otor 2	Alice Mary S	Semtak					wing postpetition chapter the following date:
(Spo	ouse, if filing)						10 expenses as or	the following date.
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
Cas	e number 19	-15941						
	nown)	10041						
\bigcirc	fficial Ea	rm 106J						
		J: Your			Clim materials and beautiful			12/1
info	ormation. If m		eded, atta	. If two married people ar ch another sheet to this n.				
Par	t 1: Descr	ibe Your House	ehold					
1.	Is this a joir		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	☐ No. Go to	line 2.						
	Yes. Doe	s Debtor 2 live	in a separ	ate household?				
	■ N	•	•					
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Senarate House	ehold of De	htor 2	
		co. Debtor 2 ma	or me omo	arr 61111 1000 2, <i>Expone</i> 00	Tor Coparate Floads	771010 OI DO	DIOI 2.	
2.	Do you have	e dependents?	■ No					
	Do not list Do Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						☐ Yes
								□ No
							_	☐ Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
3.		enses include	_	No				55
	•	f people other t	han $_{\square}$	Yes				
	yoursen and	d your depende	1115 !					
Par		ate Your Ongoi						
Est exp	imate your ex enses as of a	penses as of you	our bankr bankrupte	uptcy filing date unless y y is filed. If this is a supp	ou are using this to lemental <i>Schedul</i> e	orm as a s e J. check	supplement in a Cha the box at the top o	apter 13 case to report of the form and fill in the
	licable date.			,		,		
Incl	lude exnense	s naid for with	non-cash	government assistance i	f vou know			
				cluded it on Schedule I: \				
(Off	ficial Form 10	6I.)					Your exp	enses
	Th							
4.		r nome owners and any rent for th		ses for your residence. In	nclude first mortgage	e 4.	\$	1,929.27
		•	- 9.04114 0	· ·				
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
	4b. Prope	rty, homeowner's	s, or renter	's insurance		4b.	\$	0.00
				ipkeep expenses		4c.	· ————	0.00
5		owner's associat		dominium dues our residence, such as ho	mo oquity loops	4d. 5	·	0.00
	ACCORTONAL F	occuace Davino	(C)r V(uu residence, such as no	THE BOTHIN IDADS		.n	

	tor 1 tor 2	Felix Semtak Alice Mary Semtak	Case num	ber (if known)	19-15941
6.	Utilit	es:			
	6a.	Electricity, heat, natural gas	6a.	\$	200.00
	6b.	Water, sewer, garbage collection	6b.	\$	40.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	150.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies	7.	\$	400.00
8.	Child	care and children's education costs	8.	\$	0.00
9.	Cloth	ing, laundry, and dry cleaning	9.	\$	50.00
10.	Pers	onal care products and services	10.	\$	50.00
11.	Medi	cal and dental expenses	11.	\$	150.00
12.		sportation. Include gas, maintenance, bus or train fare.			400.00
		ot include car payments.	12.	· .	100.00
		tainment, clubs, recreation, newspapers, magazines, and books	13.		0.00
14.	Char	table contributions and religious donations	14.	\$	0.00
15.	Insur				
		ot include insurance deducted from your pay or included in lines 4 or 20.	45-	Φ.	75.00
		Life insurance	15a.	*	75.00
		Health insurance	15b.	·	375.00
		Vehicle insurance	15c.	·	250.00
		Other insurance. Specify:	15d.	\$	0.00
	Spec		16.	\$	0.00
17.	Insta	Ilment or lease payments:	170	¢	250.00
		Car payments for Vehicle 1	17a.		350.00
		Car payments for Vehicle 2	17b.	·	0.00
		Other. Specify:	17c.	· -	0.00
		Other. Specify:	17d.	\$	0.00
18.		payments of alimony, maintenance, and support that you did not report a		\$	0.00
19.		cted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I) r payments you make to support others who do not live with you.). 10.	\$	0.00
19.			19.	Ψ	0.00
20	Spec	r real property expenses not included in lines 4 or 5 of this form or on <i>Sci</i>		our Income	
20.		Mortgages on other property	20a.		1,142.96
		Real estate taxes	20b.	· ·	0.00
		Property, homeowner's, or renter's insurance	20c.		0.00
		Maintenance, repair, and upkeep expenses	20d.		0.00
		Homeowner's association or condominium dues	20d. 20e.	*	
24				·	0.00
21.	Otne	Specify:		+\$	0.00
22.	Calc	ulate your monthly expenses			
	22a.	Add lines 4 through 21.		\$	5,262.23
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2) :	\$	·
		Add line 22a and 22b. The result is your monthly expenses.		\$	5,262.23
					<u> </u>
23.		late your monthly net income.			
		Copy line 12 (your combined monthly income) from Schedule I.	23a.		5,603.74
	23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	5,262.23
	23c.	Subtract your monthly expenses from your monthly income.	00	C	244 54
		The result is your <i>monthly net income</i> .	23c.	\$	341.51
24.	For ex modifi	ou expect an increase or decrease in your expenses within the year after ample, do you expect to finish paying for your car loan within the year or do you expect your carloan within the year or do you expect your on to the terms of your mortgage?			ease or decrease because of a
	■ No				
	☐ Ye	es. Explain here:			